

FEE: \$15.00

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OKLAHOMA SECRETARY OF STATE

**Registration Statement of Charitable Organization**☐ Initial Registration☒ Renewal☐ Update

SOS

Oklahoma Secretary of State, 2300 N. Lincoln Blvd., Room 101, Oklahoma City  
 Telephone: (405) 521-3912



16919610002

1a. The legal name of the charitable organization: Mountain States Legal Foundation

1b. The organization's employer identification number: 84-0736725

2. Any other name the organization may be identified as or known as, and any distinctive names the organization uses for the purposes of public solicitation of contributions: n/a

3a. The organization is a: ☒ corporation ☐ partnership ☐ other legal entity \_\_\_\_\_

3b. When &amp; where was the organization formed to do business?

Month, day, year April 25, 1977 State/Country Colorado/USA

3c. Fiscal year ends month/day: December 31

4a. The street address of the charitable organization:

2596 South Lewis Way Lakewood Jefferson CO 80227-2705

Street City County State Zip Code

4b. The mailing address of the charitable organization, if different: n/a

RECEIVED

MAY 12 2011

5. The principal business telephone number (include area code): 303-292-2021

OKLAHOMA SECRETARY OF STATE

6. The purposes for which the contributions solicited or accepted are to be used: To engage in nonpartisan legal research, study and analysis for the benefit of the general public and to engage in litigation on behalf of its members and itself on issues of public interest.

(No contribution or any portion thereof shall enure to the private benefit of any voluntary solicitor.)

7. The name and street address of the person who will have custody of the contributions:

William Perry Pendley, Esq.; President and Chief Operating Officer  
2596 South Lewis Way  
Lakewood, Colorado 80227-2705

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8. The name and street address of the person(s) responsible for the distribution of funds collected:

William Perry Pendley, Esq.; President and Chief Operating Officer  
Janice K. Alvarado; Vice President-Administration  
2596 South Lewis Way  
Lakewood, Colorado 80227-2705

---

9. The period of time during which such solicitation is to be conducted:
- 

10. A description of the specific method or methods of solicitation:

☒ personal contact                      ☒ direct mail                      ☒ telephone

☐ television                      ☐ radio                      ☒ other internet

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11. Solicitation will be conducted by:    ☐ voluntary, unpaid solicitors                      ☒ paid solicitors                      ☐ both
- 

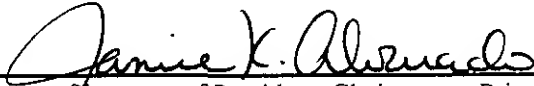
12. IF your organization contracts with or otherwise engages the services of any outside fund raising professional (such as a "professional fund raiser," "paid solicitor," "fund raising counsel," or "commercial co-venturer") the information listed on the page titled "**Charitable Organization Registration Attachment: Professional Fund Raiser Information**" of this form must be submitted for each professional with this application.

### REQUIRED ATTACHMENTS

13. A copy of Internal Revenue Form 990 as filed by the charitable organization for the most recently completed fiscal year; or for the initial registration of a newly formed organization, a copy of a letter from the Internal Revenue Service, or other evidence, showing the tax exempt status of the charitable organization.
14. A complete list of the names, street addresses, and title or position, of each officer, including each principal salaried executive staff officer, director, and trustee of the charitable organization.

## EXECUTION AND ACKNOWLEDGMENT

I, the undersigned, being duly authorized to sign on behalf of the charitable organization named herein, have caused this application to be executed this 9<sup>th</sup> day of May, 2011; and that the contents of the application and each supporting document are true, to the best of my knowledge, and complete.



\_\_\_\_\_  
Signature of President, Chairman or Principal Officer

\_\_\_\_\_  
Janice K. Alvarado

Type or Print Name

\_\_\_\_\_  
Vice President-Administration

Title

**CHARITABLE ORGANIZATION REGISTRATION  
ATTACHMENT  
Professional Fund Raiser Information**

(Complete one (1) form for each professional fund raiser. Form may be duplicated.)

- a. Legal name of outside fund raising professional: Eberle Associates, Inc.
- 
- b. Street & P.O. box address 1420 Spring Hill Road, Suite 490
- c. Telephone number (including area code): 703-821-1550
- d. Location of offices used by them on behalf of your organization  
1420 Spring Hill Road, Suite 490  
McLean, Virginia 22102
- 
- e. Simple statement of services provided Direct mail solicitations
- f. Describe the basis of payment and nature of the arrangement. A copy of the contract or other agreement **MUST** be attached. "**See contract**" is **unacceptable** for description. Payment is made to Mountain States Legal Foundation net of all mailing and administration expenses incurred on behalf of Mountain States Legal Foundation. Income consists of proceeds from donors who have donated through the direct mail program.
- g. Does the professional solicit on your behalf? ☒ yes ☐ no
- h. Does the professional have custody or control of donations at any time? ☒ yes ☐ no  
Funds are deposited in an escrow account and paid out of the escrow account to cover Eberle expenses and donation proceeds.
- i. Specific amount or percentage of compensation **paid or to be paid** to the professional fund raiser:  
\$80 per 1,000 fundraising packages processed and mailed.
- 
- j. Property of any kind or value **paid or to be paid** to the professional fund raiser:  
No property payments.
- 
- k. Percentage value of compensation paid to the professional fund raiser as compared to the:
- (1) Total contributions received: \$367,460.00
- (2) Net amount of total contributions received: \$101,874.00

# Charitable Organization Financial Statement

**NOTE: Every charitable organization which has received contributions during the previous calendar year SHALL file a financial statement WITH its initial registration, and WITH each annual renewal, thereafter, which contains the most recent information as follows. This form must also be signed and acknowledged.**

1. The legal name of the charitable organization: Mountain States Legal Foundation

2. The street address of the charitable organization:

|                      |          |           |       |            |
|----------------------|----------|-----------|-------|------------|
| 2596 South Lewis Way | Lakewood | Jefferson | CO    | 80227-2705 |
| Street               | City     | County    | State | Zip Code   |

3. The telephone number of the charitable organization: 303-292-2021

4. This report is for the calendar or fiscal year ending: December 31, 2010

4a. The gross amount of the contributions collected: \$2,379,519.00

4b. The gross amount of the contributions pledged: \$0.00

5a. The gross amount **given to** the charitable purpose represented: \$0.00

5b. The gross amount **to be given** to the charitable purpose represented: \$0.00

6a. The aggregate amount **paid** for the expenses of such solicitation: \$611,785.00

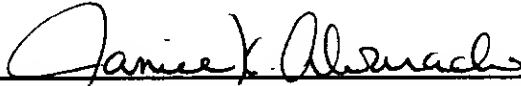
6b. The aggregate amount **to be paid** for the expenses of such solicitation: \$0.00

7a. The aggregate amount **paid** to professional fund raisers and solicitors: \$265,586.00

7b. The aggregate amount **to be paid** to professional fund raisers and solicitors: \$0.00

## EXECUTION & ACKNOWLEDGMENT

I, the undersigned, being duly authorized to sign on behalf of the above named charitable organization, have caused this financial statement to be executed this 9<sup>th</sup> day of May, 2011; and that the contents of this statement and any supporting document(s) are true and, to the best of my knowledge, complete.



\_\_\_\_\_  
Signature of President, Chairman or Principal Officer

\_\_\_\_\_  
Janice K. Alvarado

\_\_\_\_\_  
Print or Type Name



MOUNTAIN  
STATES  
LEGAL  
FOUNDATION

2596 South Lewis Way  
Lakewood, Colorado 80227  
303-292-2021 • FAX 303-292-1980  
www.mountainstateslegal.org

**Charitable Organization Registration in Oklahoma  
Information & Instructions**

**Item #14:**

Names, street addresses, and title or position of each officer, including each principal salaried executive staff officer, each director, and each trustee of the charitable organization:

Mr. Stephen M. Brophy (**Chairman**) (**Trustee**)  
President  
Page Land & Cattle Co.  
10265 West Camelback Road, Suite 104  
Phoenix, AZ 85037-5007  
(623) 772-8111; email: sbrophy@pagelandco.com

Mr. John R. Gibson (**Vice Chairman**)  
Chairman  
American Pacific Corporation  
3883 Howard Hughes Parkway, Suite 700  
Las Vegas, NV 89169  
(702) 699-4140; e-mail: jogibson@apfc.com

Mr. Peter K. Ellison (**Treasurer**) (**Trustee**)  
Ellison Ranching Company  
7515 South 2340 East  
Salt Lake City, UT 84121  
(801) 943-3037; email: ellisonutah@msn.com

Dr. James V. Taranik (**Secretary**)  
Regents Professor  
Mackay School of Earth Sciences and Engineering  
3389 Buckcreek Drive  
Reno, NV 89519  
(775) 784-6998; e-mail: jtaranik@mines.unr.edu

William Perry Pendley, Esq. (**President and Chief Operating Officer**)  
Mountain States Legal Foundation  
2596 South Lewis Way  
Lakewood, Colorado 80227-2705  
(303) 292-2021; e-mail: wppendley@mountainstateslegal.com

Charitable Organization Registration  
State of Oklahoma - Item #14  
Page Two

Steven J. Lechner, Esq. (**Vice President and Chief Legal Officer**)  
Mountain States Legal Foundation  
2596 South Lewis Way  
Lakewood, Colorado 80227-2705  
(303) 292-2021; e-mail: lechner@mountainstateslegal.com

Ms. Janice K. Alvarado (**Vice President-Administration**)  
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2596 South Lewis Way  
Lakewood, Colorado 80227-2705  
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MOUNTAIN  
STATES  
LEGAL  
FOUNDATION

2596 South Lewis Way  
Lakewood, Colorado 80227  
303-292-2021 • FAX 303-292-1980  
[www.mountainstateslegal.org](http://www.mountainstateslegal.org)

## BOARD OF DIRECTORS

Mr. Ernest Angelo, Jr.  
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(432) 684-4449; e-mail: [eangelo@suddenlinkmail.com](mailto:eangelo@suddenlinkmail.com)

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General Counsel  
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455 South Poplar Street  
Casper, WY 82601  
(307) 266-0313; FAX (307) 266-0357; cell: (307) 262-0444; e-mail: [jblomstrom@truecos.com](mailto:jblomstrom@truecos.com)

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Everett, WA 98203  
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(623) 772-8111; FAX (623) 772-0145; home 480-634-1920; cell (602) 390-7644;  
email: [sbrophy@pagelandco.com](mailto:sbrophy@pagelandco.com)

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## **Board of Directors**

### **Page 2**

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**Board of Directors**

**Page 3**

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**Board of Directors**

**Page 4**

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Chairman and Chief Executive Officer  
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e-mail: [Mark.Sexton@InflectionEnergy.com](mailto:Mark.Sexton@InflectionEnergy.com)

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**Board of Directors**

**Page 5**

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Mr. Frank Yates, Jr.  
President  
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# DIRECT MAIL FUND RAISING COUNSEL AGREEMENT

AGREEMENT made this 3<sup>rd</sup> day of June, 1999, between Bruce W. Eberle & Associates, Inc., 1420 Spring Hill Road, Suite 490, McLean, Virginia 22102, hereinafter called Eberle, and Mountain States Legal Foundation, 707 17<sup>th</sup> Street, Suite 3030, Denver, CO 80202, hereinafter called the Client.

WHEREAS, the Client is desirous of engaging the services of Eberle, it is agreed as follows:

1. **Appointment and Authorization.** Eberle is hereby retained and appointed as the Client's exclusive fund raising counsel for its direct mail fund raising program and list rentals, subject to the terms and conditions of this Agreement. The Client, however, retains the right and authority to continue to engage in in-house direct mail fund raising, including fund raising to those donors on its Eberle generated donor list. The retention of the services of outside contractors to perform logistical support with regard to those in-house mailings shall not constitute a breach of the Client's acknowledgement that Eberle is the Client's exclusive out-of-house direct mail fund raiser.
2. **Services.** Eberle shall provide the following services to the extent necessary to meet the Client's needs:
  - a. *Issues and Copy.* Counsel and advise the Client on issues and copy the Client wishes to use in its direct mail fund raising program. At the direction of the Client, Eberle will prepare draft copy for the Client's review and approval. The Client retains the authority to review, and to approve or disapprove the contents of any mailing undertaken on behalf of the Client to the Eberle generated Client donor list or to any rental list used for the Client.
  - b. *Mailings.* Counsel and advise the client on timing of mailings and list usage as well as promotion.
  - c. *Vendors.* Eberle will counsel and advise the Client on negotiating, arranging, and entering into agreements. At the direction of the Client, Eberle will negotiate, arrange and enter into agreements on behalf of the Client for any materials and services to be used in the direct mail fund raising program.
  - d. *List Rental Promotion.* At the direction of the Client, Eberle will promote the rental of all Client owned mailing lists.
3. **Compensation.**
  - a. *Creative/Coordination Fee.* Eberle shall receive compensation in the sum of eighty dollars (\$80) per one thousand (1000) fund raising packages processed by the mailing house for mailing under the

terms of this Agreement. A package shall include solicitation letter and other enclosures.

- b. *CPI Adjustment.* Eberle compensation as enumerated in paragraph 3.a. shall be subject to an adjustment at the beginning of each calendar year in an amount equal to the increase in the United States nationwide Consumer Price Index prepared by the United States Bureau of Labor Statistics, but shall in no event be less than the amounts set forth in paragraph 3.a.
- c. *List Rental Approval and Commissions.* Eberle or its agent shall receive a commission of 20% of the standard list rental charge and/or exchanges made directly to organizations and a 40% commission on list rentals placed to other brokers or agencies, out of which Eberle will pay the other brokers' fees. It is further understood and agreed that Omega List Company may at times serve as Agent for Eberle. The Client retains authority to approve or disapprove the rental of its Eberle generated donor list. If the Client approves the rental of its Eberle generated donor list, it shall retain the right to review, and approve or disapprove the contents of any mailing to its Eberle generated donor list.

**4. Billing and Payment.**

- a. *Billings.* Eberle shall render billings from time to time as necessary on its standard forms and they shall be paid no later than on the due date stated therein.
- b. *List Rental Application.* If during the term of this Agreement invoices due Eberle, Omega List Company and/or the ECG Data Center are at any time sixty (60) days or more past due, Eberle shall have the unrestricted right to apply list rental income received to payment of their invoice(s) and to rent the list created under this Agreement and apply the list revenue income from such rentals to payment of their invoice(s) subject to the provisions of 2.a.
- c. *Advances.* It is understood and agreed that any funds advanced by Eberle or third parties for postage and other direct mail fund raising services or materials shall be reimbursed before any other returns are disbursed to others.

**5. Confidentiality and Registrations.**

- a. All financial information relating to these accounts, and this contract, shall be held in confidence by Eberle. Further, the Client shall hold in confidence all financial matters in connection with this contract, specifically including Eberle's compensation. It is agreed, however, that financial information may be provided by the Client and/or Eberle to governmental agencies upon receipt of a formal request from a governmental entity. The Client shall immediately notify and provide Eberle a copy of any such formal request and the information provided by the Client. Eberle shall likewise advise the Client of such requests and of Eberle's response thereto.

- b. A number of jurisdictions request some form of registration by organizations such as the Client. It is understood and agreed that it is the responsibility of the Client to register in such jurisdictions.
6. **Receipt and Disbursement of Funds.** All funds generated through the direct mail fund raising program under this Agreement shall be received and disbursed directly by the Client or its designated agent. Eberle shall not serve as agent for this purpose.
7. **Duration and Termination.**
- a. *Effective Date.* This Agreement shall become effective on the \_\_\_\_\_ day of June, 1999, and shall continue in force until terminated as provided herein.
- b. *Termination.* Either party may terminate this Agreement by giving the other party written notice of termination at least ninety (90) days prior to the effective date of termination. Upon receipt of notice of termination, Eberle shall not commence any new work, but it shall complete its consultation work (as described herein) and place all list rentals previously approved by the Client. All other rights and duties of the parties shall continue until the date of termination. In the event the Client or Eberle desires to terminate all work commenced before the receipt of notice of termination, it may be so agreed upon the parties' mutual consent. Compensation to be received by Eberle for partially completed work shall be mutually determined.
- c. *Billings.* Upon termination of this Agreement, Eberle shall submit its billing for all amounts not previously billed and due Eberle at that time. Eberle shall not be entitled to payment for any new work commenced after the date the written notice of termination of this Agreement was received by Eberle. Eberle shall, however, be entitled to payment for work commenced and approved prior to receipt of such notice, or, with express written consent prior to the effective date of termination.
8. **Disposition of Lists, Property and Materials.**
- a. *List Security.* The list generated and developed during the term of this Agreement shall be kept in a secure manner by Eberle.
- b. *List Usage.* Any rentals, exchanges or other use of any lists created under this Agreement shall be to the sole benefit of the Client during the course of this Agreement, except as provided in paragraph 4.b. of this Agreement. Upon termination, Eberle shall be entitled to unlimited use of said list(s) without any payment to the Client. The Client, its officers, and/or representatives shall not during the term of this Agreement, or at any time subsequent thereto, rent, exchange, donate, sell, or otherwise provide any list(s) created under this Agreement to any third party for any reason whatsoever without the prior written approval of Eberle. After the expiration of the terms of this agreement, and upon payment in full of all outstanding invoices,



the Client shall retain the authority to approve or disapprove the rental of its Eberle generated donor list.

- c. *Final Payment.* Upon termination of this Agreement, all lists produced and used under this Agreement shall be considered the exclusive property of Eberle until final payment of all invoices has been made by the Client. A copy of the list shall be provided to the Client upon repayment of all postage advances and upon the final payment of all invoices from Eberle and direct mail vendors.
- d. *Property and Materials.* It is understood and agreed that upon termination of this Agreement, any property and material provided under this Agreement by Eberle shall be the sole and exclusive property of Eberle. The Client shall have no right to use this property and material. Nor shall the Client use any direct mail package, or any portion thereof, created under this Agreement subsequent to its termination unless agreed to by Eberle.

**9. Conversion of List Exchange to Rental.**

- a. *List Owners Option.* It is understood and agreed that whenever the Client receives donor names and addresses to mail on an exchange basis, the organization which owns the donor names and addresses or its agent has the right to convert the exchange to a list rental at fifty percent (50%) of the current list rental price.
- b. *Eberle Option.* If sums are due and owing Eberle, or the direct mail vendors on the date notice of termination is given, Eberle or its agent shall have the right to convert any donor names owed to the Client on an exchange basis to list rentals at fifty percent (50%) or less of the current list rental rates subject to the provisions of paragraph 2.a. Sums generated from such conversions, less commissions, shall be applied to the bills of Eberle and the direct mail vendors.

**10. Work In Progress.** Once mailing lists have been scheduled and/or purchase orders issued for a mailing(s), the Client may not cancel or suspend such mailing(s) except by mutual consent of the parties.

**11. Modification.** This writing contains the entire Agreement of the parties. No representations were made or relied upon by either party, other than those that are expressly set forth. No agent, employee, or other representative of either party is empowered to alter any of the terms hereof, unless done in writing and signed by an executive officer of the respective parties.

**12. Controlling Law.** The validity, interpretation, and performance of this Agreement shall be controlled by and construed under the laws of the State of Virginia. The Client further agrees that any and all legal proceedings concerning this Agreement and its interpretation shall be before a court in Northern Virginia and that such court shall have jurisdiction over the parties hereto.


**13. Waiver.** The failure of either party to this Agreement to object or to take affirmative action with respect to any conduct by the other which is in

violation of the terms of this Agreement shall not be construed as a waiver thereof, or of any future breach or subsequent wrongful conduct.

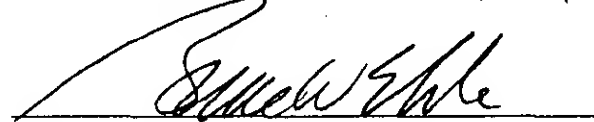
14. **Claims.** The Client specifically agrees to hold Eberle, Omega List Company, their officers, directors, and employees harmless from any and all claims of third parties, of any nature whatsoever, arising out of materials, including copy, or direct mail fund raising projects, letters and/or packages reviewed and approved by the Client. In the event any payment due Eberle and/or direct mail fund raising creditors is not made in accord with the terms of this Agreement and the obligation(s) is referred to any attorney for collection, the Client agrees to pay all costs of collection, including an attorney's fee of twenty percent of the sum due.
15. **Certification.** The Client does hereby certify to Eberle that there is no agreement with other fund raising counsel or with a direct mail fund raiser or list broker currently in existence as of the effective date of this Agreement which conflicts with the terms hereof. The Client further agrees not to enter into any subsequent agreement which conflicts with the terms of this Agreement.
16. **Notices.** All notices pertaining to this Agreement shall be in writing and shall be transmitted either by personal hand delivery, through the facilities of the United States Postal Service or by facsimile transmission. The addresses set forth above for the respective parties shall be the places where notices shall be sent, unless written notice of a change of address is given.

The undersigned do hereby personally warrant and affirm that they are authorized to execute and bind the parties hereto.

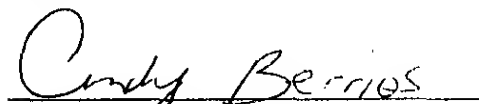
Attest:

  
Sandra Redhage, Corp. Secretary

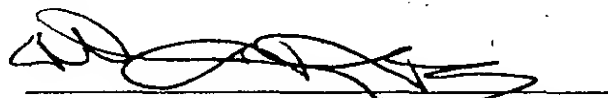
**BRUCE W. EBERLE & ASSOCIATES, INC. (Eberle)**

  
Bruce W. Eberle, President

Attest:

  
Corporate Secretary

**Mountain States Legal Foundation (Client)**

  
William Perry Pendley, President

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

**2010**Open to Public  
Inspection**A** For the 2010 calendar year, or tax year beginning and ending**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**MOUNTAIN STATES LEGAL FOUNDATION**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

**2596 SOUTH LEWIS WAY**

Room/suite

City or town, state or country, and ZIP + 4

**LAKEWOOD, CO 80227****F** Name and address of principal officer: **WILLIAM PERRY PENDLEY****2596 SOUTH LEWIS WAY, LAKEWOOD, CO 80227****D** Employer identification number**84-0736725****E** Telephone number**303-292-2021****G** Gross receipts \$ **2,572,424.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

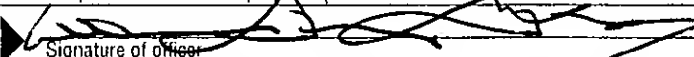
If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.MOUNTAINSTATESLEGAL.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1977** **M** State of legal domicile: **CO****Part I Summary**

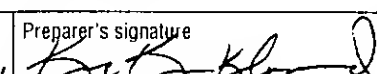
|                             |     |   |  |              |
|-----------------------------|-----|---|--|--------------|
| Activities & Governance     | 1   | Briefly describe the organization's mission or most significant activities: <b>PUBLIC INTEREST LAW FIRM</b>                             |  |              |
|                             | 2   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |  |              |
|                             | 3   | Number of voting members of the governing body (Part VI, line 1a)   | 3  | 32           |
|                             | 4   | Number of independent voting members of the governing body (Part VI, line 1b)   | 4  | 32           |
|                             | 5   | Total number of individuals employed in calendar year 2010 (Part V, line 2a)  | 5  | 14           |
|                             | 6   | Total number of volunteers (estimate if necessary)  | 6  | 0            |
|                             |     | 7a  | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a           |
| 7b                          |     | Net unrelated business taxable income from Form 990-T, line 34  | 7b   | 0.           |
| Revenue                     | 8   | Contributions and grants (Part VIII, line 1h)   | Prior Year   | Current Year |
|                             | 9   | Program service revenue (Part VIII, line 2g)  | 2,261,690.   | 2,379,519.   |
|                             | 10  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 0.   | 0.           |
|                             | 11  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 5,813.   | 11,710.      |
|                             | 12  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 27,522.  | 20,292.      |
| Expenses                    | 13  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 2,295,025.   | 2,411,521.   |
|                             | 14  | Benefits paid to or for members (Part IX, column (A), line 4)   | 0.   | 0.           |
|                             | 15  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 0.   | 0.           |
|                             | 16a | Professional fundraising fees (Part IX, column (A), line 11e)   | 1,278,182.   | 1,330,537.   |
|                             | 16b | Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>611,785.</b>   | 380,584.   | 265,586.     |
|                             | 17  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)  | 579,241.   | 550,886.     |
|                             | 18  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | 2,238,007.   | 2,147,009.   |
| Net Assets or Fund Balances | 19  | Revenue less expenses. Subtract line 18 from line 12  | 57,018.  | 264,512.     |
|                             | 20  | Total assets (Part X, line 16)  | Beginning of Current Year  | End of Year  |
|                             | 21  | Total liabilities (Part X, line 26)   | 4,535,637.   | 5,022,837.   |
|                             | 22  | Net assets or fund balances. Subtract line 21 from line 20  | 309,497.   | 374,249.     |
|                             |     |   | 4,226,140.   | 4,648,588.   |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here:  **WILLIAM PERRY PENDLEY, PRESIDENT**  
 Signature of officer: **WILLIAM PERRY PENDLEY, PRESIDENT**  
 Date: **4 MAY 11**  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: **BROCK AND COMPANY, CPAS**  
 Preparer's signature:   
 Date: **5/4/11**  
 Check if self-employed: ☐ PTIN:  
 Firm's name: **BROCK AND COMPANY, CPAS, P.C.**  
 Firm's address: **26 WEST DRY CREEK CIRCLE, SUITE 710**  
**LITTLETON, CO 80120**  
 Firm's EIN: **303-794-5661**  
 Phone no. **303-794-5661**

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:

**NON PROFIT PUBLIC INTEREST LAW FIRM, REPRESENTING THE GENERAL PUBLIC  
ON ISSUES OF BROAD PUBLIC INTEREST.**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 1,328,738. including grants of \$ ) (Revenue \$ -262. )**LEGAL ACTIVITIES-PUBLIC INTEREST LAW FIRM. SEE ATTACHED CASE UPDATE.****4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **1,328,738.**

**Part IV Checklist of Required Schedules**

|  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>  | <input checked="" type="checkbox"/> |                                     |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors?   | <input checked="" type="checkbox"/> |                                     |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  |                                     | <input checked="" type="checkbox"/> |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>   |                                     | <input checked="" type="checkbox"/> |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>                         |                                     |                                     |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>  |                                     | <input checked="" type="checkbox"/> |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>                                      |                                     | <input checked="" type="checkbox"/> |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>   |                                     | <input checked="" type="checkbox"/> |
| 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> |                                     | <input checked="" type="checkbox"/> |
| 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>   | <input checked="" type="checkbox"/> |                                     |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.   |                                     |                                     |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>   | <input checked="" type="checkbox"/> |                                     |
| b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>   |                                     | <input checked="" type="checkbox"/> |
| c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>   |                                     | <input checked="" type="checkbox"/> |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>  |                                     | <input checked="" type="checkbox"/> |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   | <input checked="" type="checkbox"/> |                                     |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>      |                                     | <input checked="" type="checkbox"/> |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>   | <input checked="" type="checkbox"/> |                                     |
| b Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>           |                                     | <input checked="" type="checkbox"/> |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>  |                                     | <input checked="" type="checkbox"/> |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?  |                                     | <input checked="" type="checkbox"/> |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>                     |                                     | <input checked="" type="checkbox"/> |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>                              |                                     | <input checked="" type="checkbox"/> |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>                                  |                                     | <input checked="" type="checkbox"/> |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>   | <input checked="" type="checkbox"/> |                                     |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>   |                                     | <input checked="" type="checkbox"/> |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>   |                                     | <input checked="" type="checkbox"/> |
| 20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>   |                                     | <input checked="" type="checkbox"/> |
| b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)                        |                                     |                                     |

**Part IV** Checklist of Required Schedules (continued)

|   | Yes | No |
|---|-----|----|
| 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21  | X  |
| 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22  | X  |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J                           | 23  | X  |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 | 24a | X  |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |    |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24c |    |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d |    |
| 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a | X  |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I             | 25b | X  |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II   | 26  | X  |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III                 | 27  | X  |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |    |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28a | X  |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28b | X  |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 28c | X  |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29  | X  |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M   | 30  | X  |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations?<br>If "Yes," complete Schedule N, Part I  | 31  | X  |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II   | 32  | X  |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33  | X  |
| 34 Was the organization related to any tax-exempt or taxable entity?<br>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1   | 34  | X  |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?  | 35  | X  |
| a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                 |     |    |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?<br>If "Yes," complete Schedule R, Part V, line 2  | 36  | X  |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37  | X  |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?<br>Note. All Form 990 filers are required to complete Schedule O   | 38  | X  |

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

|  |              | Yes | No |
|--|--------------|-----|----|
| <b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   | <b>1a</b> 5  |     |    |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable   | <b>1b</b> 0  |     |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  | <b>1c</b>    | X   |    |
| <b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  | <b>2a</b> 14 |     |    |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)                                   | <b>2b</b>    | X   |    |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?  | <b>3a</b>    |     | X  |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  | <b>3b</b>    |     |    |
| <b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                           | <b>4a</b>    |     | X  |
| <b>b</b> If "Yes," enter the name of the foreign country:<br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  |              |     |    |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | <b>5a</b>    |     | X  |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | <b>5b</b>    |     | X  |
| <b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  | <b>5c</b>    |     |    |
| <b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  | <b>6a</b>    |     | X  |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   | <b>6b</b>    |     |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>   |              |     |    |
| <b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?   | <b>7a</b>    |     | X  |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?   | <b>7b</b>    |     |    |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  | <b>7c</b>    |     | X  |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year   | <b>7d</b>    |     |    |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | <b>7e</b>    |     | X  |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | <b>7f</b>    |     | X  |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | <b>7g</b>    |     | X  |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | <b>7h</b>    |     | X  |
| <b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | <b>8</b>     |     | X  |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>   |              |     |    |
| <b>a</b> Did the organization make any taxable distributions under section 4966?   | <b>9a</b>    |     |    |
| <b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?  | <b>9b</b>    |     |    |
| <b>10 Section 501(c)(7) organizations. Enter:</b>  |              |     |    |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12  | <b>10a</b>   |     |    |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   | <b>10b</b>   |     |    |
| <b>11 Section 501(c)(12) organizations. Enter:</b>   |              |     |    |
| <b>a</b> Gross income from members or shareholders   | <b>11a</b>   |     |    |
| <b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  | <b>11b</b>   |     |    |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | <b>12a</b>   |     |    |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year   | <b>12b</b>   |     |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>   |              |     |    |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.  | <b>13a</b>   |     |    |
| <b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans   | <b>13b</b>   |     |    |
| <b>c</b> Enter the amount of reserves on hand  | <b>13c</b>   |     |    |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?  | <b>14a</b>   |     | X  |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O   | <b>14b</b>   |     |    |

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

☒**Section A. Governing Body and Management**

|   | Yes | No |
|---|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year  | 1a  | 32 |
| b Enter the number of voting members included in line 1a, above, who are independent  | 1b  | 32 |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   | 2   | X  |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3   | X  |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | 4   | X  |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets?  | 5   | X  |
| 6 Does the organization have members or stockholders?   | 6   | X  |
| 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  | 7a  | X  |
| b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?   | 7b  | X  |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |     |    |
| a The governing body?   | 8a  | X  |
| b Each committee with authority to act on behalf of the governing body?   | 8b  | X  |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O        | 9   | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|  | Yes | No |
|--|-----|----|
| 10a Does the organization have local chapters, branches, or affiliates?  | 10a | X  |
| b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?   | 10b |    |
| 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?   | 11a | X  |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| 12a Does the organization have a written conflict of interest policy? If "No," go to line 13   | 12a | X  |
| b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b | X  |
| c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done   | 12c | X  |
| 13 Does the organization have a written whistleblower policy?  | 13  | X  |
| 14 Does the organization have a written document retention and destruction policy?   | 14  | X  |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |     |    |
| a The organization's CEO, Executive Director, or top management official   | 15a | X  |
| b Other officers or key employees of the organization  | 15b | X  |
| If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)   |     |    |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | 16a | X  |
| b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b |    |

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ► **AR, ME, MI, MN, MS, NM, NY, NC, OK, OR, PA, SC**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►  
**JANICE ALVARADO, V.P. OF ADMINISTRATION - 303-292-2021**  
**2596 SOUTH LEWIS WAY, LAKEWOOD, CO 80227**



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's **five current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

[illegible]

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
| <b>1b</b> Sub-total .....  |  |  |                       |         |              |                              |        | 586,145.   | 0.  | 97,527.   |
| <b>c</b> Total from continuation sheets to Part VII, Section A ..... |  |  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>d</b> Total (add lines 1b and 1c) .....                           |  |  |                       |         |              |                              |        | 586,145.   | 0.  | 97,527.   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **3**

- 3** Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

|   | Yes | No |
|---|-----|----|
| 3 |     | X  |
| 4 | X   |    |
| 5 |     | X  |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**Part VIII Statement of Revenue**

|   |   |                |               | (A)<br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections 512,<br>513, or 514 |
|---|---|----------------|---------------|----------------------|---|---|--|
| <b>Contributions, gifts, grants<br/>and other similar amounts</b> | 1 a Federated campaigns   | 1a             |               |                      |   |   |  |
|   | b Membership dues   | 1b             |               |                      |   |   |  |
|   | c Fundraising events  | 1c             |               |                      |   |   |  |
|   | d Related organizations   | 1d             |               |                      |   |   |  |
|   | e Government grants (contributions)   | 1e             |               |                      |   |   |  |
|   | f All other contributions, gifts, grants, and<br>similar amounts not included above   | 1f             | 2,379,519.    |                      |   |   |  |
|   | g Noncash contributions included in lines 1a-1f: \$   |                | 151,483.      |                      |   |   |  |
|   | h <b>Total.</b> Add lines 1a-1f   |                |               | 2,379,519.           |   |   |  |
| <b>Program Service<br/>Revenue</b>                                |   |                | Business Code |                      |   |   |  |
|   | 2 a   |                |               |                      |   |   |  |
|   | b   |                |               |                      |   |   |  |
|   | c   |                |               |                      |   |   |  |
|   | d   |                |               |                      |   |   |  |
|   | e   |                |               |                      |   |   |  |
|   | f All other program service revenue   |                |               |                      |   |   |  |
|   | g <b>Total.</b> Add lines 2a-2f   |                |               |                      |   |   |  |
| <b>Other Revenue</b>  | 3 Investment income (including dividends, interest, and<br>other similar amounts)   |                |               | 13,424.              |   |   | 13,424.  |
|   | 4 Income from investment of tax-exempt bond proceeds  |                |               |                      |   |   |  |
|   | 5 Royalties   |                |               |                      |   |   |  |
|   | 6 a Gross Rents   | (i) Real       | (ii) Personal |                      |   |   |  |
|   | b Less: rental expenses   |                |               |                      |   |   |  |
|   | c Rental income or (loss)   |                |               |                      |   |   |  |
|   | d Net rental income or (loss)   |                |               |                      |   |   |  |
|   | 7 a Gross amount from sales of<br>assets other than inventory   | (i) Securities | (ii) Other    |                      |   |   |  |
|   | b Less: cost or other basis<br>and sales expenses   | 159,189.       |               |                      |   |   |  |
|   | c Gain or (loss)  | 160,238.       | 665.          |                      |   |   |  |
|   | d Net gain or (loss)  | -1,049.        | -665.         | -1,714.              | -1,714.   |   |  |
|   | 8 a Gross income from fundraising events (not<br>including \$ of<br>contributions reported on line 1c). See<br>Part IV, line 18 | a              |               |                      |   |   |  |
|   | b Less: direct expenses   | b              |               |                      |   |   |  |
|   | c Net income or (loss) from fundraising events  |                |               |                      |   |   |  |
|   | 9 a Gross income from gaming activities. See<br>Part IV, line 19  | a              |               |                      |   |   |  |
|   | b Less: direct expenses   | b              |               |                      |   |   |  |
|   | c Net income or (loss) from gaming activities   |                |               |                      |   |   |  |
|   | 10 a Gross sales of inventory, less returns<br>and allowances   | a              |               |                      |   |   |  |
|   | b Less: cost of goods sold  | b              |               |                      |   |   |  |
|   | c Net income or (loss) from sales of inventory  |                |               |                      |   |   |  |
| <b>Miscellaneous Revenue</b>                                      |   |                | Business Code |                      |   |   |  |
| 11 a MAILING LIST RENTAL  | 900099  |                | 18,840.       |                      |   | 18,840.                                 |  |
| b MISCELLANEOUS   | 900099  |                | 1,452.        | 1,452.               |   |   |  |
| c   |   |                |               |                      |   |   |  |
| d All other revenue   |   |                |               |                      |   |   |  |
| e <b>Total.</b> Add lines 11a-11d                                 |   |                | 20,292.       |                      |   |   |  |
| 12 <b>Total revenue.</b> See instructions.                        |   |                | 2,411,521.    | -262.                | 0.  | 32,264.                                 |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....   |                       |                                 |  |                             |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....   |                       |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....  |                       |                                 |  |                             |
| 4 Benefits paid to or for members .....   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees .....  | 468,582.              | 340,962.                        | 70,060.                                | 57,560.                     |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....   |                       |                                 |  |                             |
| 7 Other salaries and wages .....  | 565,947.              | 455,980.                        | 35,735.                                | 74,232.                     |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....   | 71,123.               | 55,386.                         | 7,373.                                 | 8,364.                      |
| 9 Other employee benefits .....   | 155,340.              | 111,970.                        | 24,222.                                | 19,148.                     |
| 10 Payroll taxes .....  | 69,545.               | 53,003.                         | 6,943.                                 | 9,599.                      |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management .....  |                       |                                 |  |                             |
| b Legal .....   |                       |                                 |  |                             |
| c Accounting .....  | 93,278.               | 67,244.                         | 22,415.                                | 3,619.                      |
| d Lobbying .....  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17 .....   | 265,586.              |                                 |  | 265,586.                    |
| f Investment management fees .....  |                       |                                 |  |                             |
| g Other .....   |                       |                                 |  |                             |
| 12 Advertising and promotion .....  |                       |                                 |  |                             |
| 13 Office expenses .....  | 47,217.               | 37,262.                         | 9,549.                                 | 406.                        |
| 14 Information technology .....   |                       |                                 |  |                             |
| 15 Royalties .....  |                       |                                 |  |                             |
| 16 Occupancy .....  | 52,386.               | 41,909.                         | 10,477.                                |                             |
| 17 Travel .....   | 26,560.               | 19,767.                         |  | 6,793.                      |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings .....   | 30,947.               | 24,758.                         | 6,189.                                 |                             |
| 20 Interest .....   | 501.                  | 416.                            | 85.                                    |                             |
| 21 Payments to affiliates .....   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization .....  | 53,218.               | 40,106.                         | 8,215.                                 | 4,897.                      |
| 23 Insurance .....  | 32,166.               | 28,406.                         | 2,999.                                 | 761.                        |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)   |                       |                                 |  |                             |
| a <b>FUNDRAISING EXPENSE</b> .....  | 155,611.              | 0.                              | 0.                                     | 155,611.                    |
| b <b>LIBRARY MAINTENANCE</b> .....  | 34,698.               | 34,698.                         |  |                             |
| c <b>EQUIPMENT RENTAL AND MA</b> .....  | 15,954.               | 8,596.                          | 2,149.                                 | 5,209.                      |
| d <b>MEMBERSHIP / EDUCATION</b> .....   | 6,417.                | 6,417.                          | 0.                                     | 0.                          |
| e <b>PRINTING</b> .....   | 1,266.                | 1,266.                          |  |                             |
| f All other expenses .....  | 667.                  | 592.                            | 75.                                    |                             |
| 25 Total functional expenses. Add lines 1 through 24f .....   | 2,147,009.            | 1,328,738.                      | 206,486.                               | 611,785.                    |
| 26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ..... |                       |                                 |  |                             |

**Part X Balance Sheet**

|   |   | (A)<br>Beginning of year |            | (B)<br>End of year |
|---|---|--------------------------|------------|--------------------|
| <b>Assets</b>   | 1 Cash - non-interest-bearing .....   | 404,374.                 | 1          | 164,536.           |
|   | 2 Savings and temporary cash investments .....  | 1,219,422.               | 2          | 1,720,903.         |
|   | 3 Pledges and grants receivable, net .....  | 135,086.                 | 3          | 199,655.           |
|   | 4 Accounts receivable, net .....  | 3,413.                   | 4          | 46,840.            |
|   | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                          | 5          |                    |
|   | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) ..... |                          | 6          |                    |
|   | 7 Notes and loans receivable, net .....   |                          | 7          |                    |
|   | 8 Inventories for sale or use .....   |                          | 8          |                    |
|   | 9 Prepaid expenses and deferred charges .....   | 36,367.                  | 9          | 33,753.            |
|   | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | 10a 1,890,324.           |            |                    |
|   | b Less: accumulated depreciation .....  | 10b 545,142.             |            |                    |
|   |   | 1,395,181.               | 10c        | 1,345,182.         |
|   | 11 Investments - publicly traded securities .....   |                          | 11         |                    |
|   | 12 Investments - other securities. See Part IV, line 11 .....   |                          | 12         |                    |
|   | 13 Investments - program-related. See Part IV, line 11 .....  |                          | 13         |                    |
|   | 14 Intangible assets .....  |                          | 14         |                    |
| 15 Other assets. See Part IV, line 11 .....                               | 1,341,794.  | 15                       | 1,511,968. |                    |
| 16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 4,535,637.  | 16                       | 5,022,837. |                    |
| <b>Liabilities</b>  | 17 Accounts payable and accrued expenses .....  | 224,235.                 | 17         | 208,252.           |
|   | 18 Grants payable .....   |                          | 18         |                    |
|   | 19 Deferred revenue .....   |                          | 19         |                    |
|   | 20 Tax-exempt bond liabilities .....  |                          | 20         |                    |
|   | 21 Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | 21         |                    |
|   | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....   |                          | 22         |                    |
|   | 23 Secured mortgages and notes payable to unrelated third parties .....   |                          | 23         |                    |
|   | 24 Unsecured notes and loans payable to unrelated third parties .....   |                          | 24         |                    |
|   | 25 Other liabilities. Complete Part X of Schedule D .....   | 85,262.                  | 25         | 165,997.           |
|   | 26 <b>Total liabilities.</b> Add lines 17 through 25 .....  | 309,497.                 | 26         | 374,249.           |
| <b>Net Assets or Fund Balances</b>  | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.   |                          |            |                    |
|   | 27 Unrestricted net assets .....  | 3,386,020.               | 27         | 3,136,620.         |
|   | 28 Temporarily restricted net assets .....  |                          | 28         | 659,609.           |
|   | 29 Permanently restricted net assets .....  | 840,120.                 | 29         | 852,359.           |
|   | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.  |                          |            |                    |
|   | 30 Capital stock or trust principal, or current funds .....   |                          | 30         |                    |
|   | 31 Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | 31         |                    |
|   | 32 Retained earnings, endowment, accumulated income, or other funds .....   |                          | 32         |                    |
|   | 33 Total net assets or fund balances .....  | 4,226,140.               | 33         | 4,648,588.         |
|   | 34 <b>Total liabilities and net assets/fund balances</b> .....  | 4,535,637.               | 34         | 5,022,837.         |

Form 990 (2010)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☒

|   |  |   |            |
|---|--|---|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12)  | 1 | 2,411,521. |
| 2 | Total expenses (must equal Part IX, column (A), line 25)   | 2 | 2,147,009. |
| 3 | Revenue less expenses. Subtract line 2 from line 1   | 3 | 264,512.   |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4 | 4,226,140. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)   | 5 | 157,936.   |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 4,648,588. |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

|   | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant?  |     | X  |
| b Were the organization's financial statements audited by an independent accountant?  | X   |    |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X   |    |
| d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                  |     |    |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   |     | X  |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.   |     |    |

Form 990 (2010)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  | 2436842. | 2826558. | 2335756. | 2261690. | 2379519. | 12240365. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          |           |
| 4 Total. Add lines 1 through 3  | 2436842. | 2826558. | 2335756. | 2261690. | 2379519. | 12240365. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          | 111,858.  |
| 6 Public support. Subtract line 5 from line 4.  |          |          |          |          |          | 12128507. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total                |
|--|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4  | 2436842. | 2826558. | 2335756. | 2261690. | 2379519. | 12240365.                |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   | 44,501.  | 57,988.  | 39,518.  | 11,312.  | 13,424.  | 166,743.                 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on   |          |          |          |          |          |                          |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)   | 8.       |          |          |          |          | 8.                       |
| 11 Total support. Add lines 7 through 10   |          |          |          |          |          | 12407116.                |
| 12 Gross receipts from related activities, etc. (see instructions)   |          |          |          |          | 12       | 173,026.                 |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |                                     |         |
|---|-------------------------------------|---------|
| 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))   | 14                                  | 97.75 % |
| 15 Public support percentage from 2009 Schedule A, Part II, line 14   | 15                                  | 96.15 % |
| 16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  | <input checked="" type="checkbox"/> |         |
| b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization   | <input type="checkbox"/>            |         |
| 17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization    | <input type="checkbox"/>            |         |
| b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/>            |         |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions   | <input type="checkbox"/>            |         |

Schedule A (Form 990 or 990-EZ) 2010



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| 6 Total. Add lines 1 through 5   |          |          |          |          |          |           |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| c Add lines 7a and 7b  |          |          |          |          |          |           |
| 8 Public support (Subtract line 7c from line 6)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6  |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |          |          |          |          |          |           |
| c Add lines 10a and 10b  |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on   |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)   |          |          |          |          |          |           |
| 13 Total support (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|   |    |   |
|---|----|---|
| 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2009 Schedule A, Part III, line 15                      | 16 | % |

**Section D. Computation of Investment Income Percentage**

|  |    |   |
|--|----|---|
| 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2009 Schedule A, Part III, line 17                        | 18 | % |

19a **33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2010**

Name of the organization

Employer identification number

MOUNTAIN STATES LEGAL FOUNDATION

84-0736725

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- ☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

MOUNTAIN STATES LEGAL FOUNDATION

84-0736725

**Part I Contributors** (see instructions)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|------------|---|--------------------------------|--|
| 1          | CASTLE ROCK FOUNDATION<br>4100 E MISSISSIPPI AVE STE 1850<br>DENVER, CO 80246-3074  | \$ 60,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 2          | GRETCHEN SWANSON FAMILY FOUNDATION<br>HC 63 BOX 17<br>SARATOGA, WY 82331-971  | \$ 50,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 3          | THE ANCHUTZ FOUNDATION<br>1727 TREMONT PLACE<br>DENVER, CO 80202  | \$ 60,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 4          | THE MCMURRY FOUNDATION<br>P.O. BOX 2016<br>CASPER, WY 82602   | \$ 50,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 5          | DR. CHARLES E. VIRGIN<br>2700 SW 3RD AVENUE SUITE 1B<br>MIAMI, FL 33129   | \$ 50,250.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 6          | ESTATE OF WILLIAM C. RUSSELL, JR SCOTT D. ALBERTSON HOLLEY, ALBERTSON AND PO<br>DENVER WEST OFFICE PARK SUITE 100,<br>BUILDING 19 1667 COLE BLVD.<br>GOLDEN, CO 80401 | \$ 151,483.                    | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |

Employer identification number

84-0736725

[illegible]

Name of organization

Employer identification number

**MOUNTAIN STATES LEGAL FOUNDATION****84-0736725**

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$

| (a) No.<br>from<br>Part I | (b) Purpose of gift                     | (c) Use of gift | (d) Description of how gift is held      |
|---------------------------|---|-----------------|--|
|                           |   |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |
|                           | (e) Transfer of gift                    |                 |  |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |   |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |
|                           | (e) Transfer of gift                    |                 |  |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |   |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |
|                           | (e) Transfer of gift                    |                 |  |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |   |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |
|                           | (e) Transfer of gift                    |                 |  |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |   |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |
|                           | (e) Transfer of gift                    |                 |  |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |   |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

- ▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

**MOUNTAIN STATES LEGAL FOUNDATION**

Employer identification number

**84-0736725**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

|   | (a) Donor advised funds      | (b) Funds and other accounts |
|---|------------------------------|------------------------------|
| 1 Total number at end of year .....   |                              |                              |
| 2 Aggregate contributions to (during year) .....  |                              |                              |
| 3 Aggregate grants from (during year) .....   |                              |                              |
| 4 Aggregate value at end of year .....  |                              |                              |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

|  |  |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                       | <input type="checkbox"/> Preservation of a certified historic structure      |
| <input type="checkbox"/> Preservation of open space  |  |

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ .....

(ii) Assets included in Form 990, Part X .....

▶ \$ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ .....

b Assets included in Form 990, Part X .....

▶ \$ .....

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition d ☐ Loan or exchange programs  
 b ☐ Scholarly research e ☐ Other \_\_\_\_\_  
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

|                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 1,341,794.       | 1,144,359.     | 1,326,951.         |                      |                     |
| b Contributions                                  | 12,240.          | 6,988.         | 145,600.           |                      |                     |
| c Net investment earnings, gains, and losses     | 171,700.         | 202,540.       | -315,572.          |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        | 13,766.          | -12,093.       | -12,620.           |                      |                     |
| g End of year balance                            | 1,511,968.       | 1,341,794.     | 1,144,359.         |                      |                     |

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ☐ %  
 b Permanent endowment ☒ 100.00 %  
 c Term endowment ☐ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations  
 (ii) related organizations

|        | Yes | No |
|--------|-----|----|
| 3a(i)  | X   |    |
| 3a(ii) |     | X  |
| 3b     |     |    |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of investment   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land   |                                      | 154,705.                        |                              | 154,705.       |
| b Buildings   |                                      | 1,431,591.                      | 317,801.                     | 1,113,790.     |
| c Leasehold improvements  |                                      |                                 |                              |                |
| d Equipment   |                                      | 149,330.                        | 111,118.                     | 38,212.        |
| e Other   |                                      | 154,698.                        | 116,223.                     | 38,475.        |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | 1,345,182.     |

Schedule D (Form 990) 2010

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives .....   |                |  |
| (2) Closely-held equity interests .....                                 |                |  |
| (3) Other .....   |                |  |
| (A) .....   |                |  |
| (B) .....   |                |  |
| (C) .....   |                |  |
| (D) .....   |                |  |
| (E) .....   |                |  |
| (F) .....   |                |  |
| (G) .....   |                |  |
| (H) .....   |                |  |
| (I) .....   |                |  |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶        |                |  |

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type                               | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|--|----------------|--|
| (1) .....  |                |  |
| (2) .....  |                |  |
| (3) .....  |                |  |
| (4) .....  |                |  |
| (5) .....  |                |  |
| (6) .....  |                |  |
| (7) .....  |                |  |
| (8) .....  |                |  |
| (9) .....  |                |  |
| (10) .....   |                |  |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ |                |  |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description   | (b) Book value    |
|---|-------------------|
| (1) <b>ENDOWMENT FUND</b>   | <b>1,511,968.</b> |
| (2)   |                   |
| (3)   |                   |
| (4)   |                   |
| (5)   |                   |
| (6)   |                   |
| (7)   |                   |
| (8)   |                   |
| (9)   |                   |
| (10)  |                   |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) | <b>1,511,968.</b> |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| 1.  | (a) Description of liability | (b) Amount |
|---|------------------------------|------------|
| (1)   | Federal income taxes         |            |
| (2)   | ENDOWMENT FUND PAYABLE       | 6,877.     |
| (3)   | PENSION FUND PAYABLE         | 69,043.    |
| (4)   | CAPITAL LEASE OBLIGATION     | 15,836.    |
| (5)   | CHARITABLE GIFT              | 74,241.    |
| (6)   |                              |            |
| (7)   |                              |            |
| (8)   |                              |            |
| (9)   |                              |            |
| (10)  |                              |            |
| (11)  |                              |            |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) |                              | 165,997.   |

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under

2. FIN 48 (ASC 740)



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

|    |  |    |            |
|----|--|----|------------|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                                 | 1  | 2,411,521. |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                                  | 2  | 2,147,009. |
| 3  | Excess or (deficit) for the year. Subtract line 2 from line 1                            | 3  | 264,512.   |
| 4  | Net unrealized gains (losses) on investments   | 4  | 157,936.   |
| 5  | Donated services and use of facilities   | 5  |            |
| 6  | Investment expenses  | 6  |            |
| 7  | Prior period adjustments   | 7  |            |
| 8  | Other (Describe in Part XIV.)  | 8  |            |
| 9  | Total adjustments (net). Add lines 4 through 8   | 9  | 157,936.   |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 422,448.   |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|   |   |    |            |
|---|---|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements        | 1  | 2,569,457. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |            |
| a | Net unrealized gains on investments   | 2a | 157,936.   |
| b | Donated services and use of facilities  | 2b |            |
| c | Recoveries of prior year grants   | 2c |            |
| d | Other (Describe in Part XIV.)   | 2d |            |
| e | Add lines 2a through 2d   | 2e | 157,936.   |
| 3 | Subtract line 2e from line 1  | 3  | 2,411,521. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |            |
| b | Other (Describe in Part XIV.)   | 4b |            |
| c | Add lines 4a and 4b   | 4c | 0.         |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 2,411,521. |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|   |  |    |            |
|---|--|----|------------|
| 1 | Total expenses and losses per audited financial statements                       | 1  | 2,147,009. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |            |
| a | Donated services and use of facilities   | 2a |            |
| b | Prior year adjustments   | 2b |            |
| c | Other losses   | 2c |            |
| d | Other (Describe in Part XIV.)  | 2d |            |
| e | Add lines 2a through 2d  | 2e | 0.         |
| 3 | Subtract line 2e from line 1   | 3  | 2,147,009. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |            |
| b | Other (Describe in Part XIV.)  | 4b |            |
| c | Add lines 4a and 4b  | 4c | 0.         |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 2,147,009. |

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4: MOUNTAIN STATES LEGAL FOUNDATION (MSLF) ENDOWMENT**

SEEKS TO ENSURE THAT MSLF WILL CONTINUE TO HAVE THE RESOURCES TO LITIGATE  
ON BEHALF OF ITS CURRENT CONSTITUENCY AS WELL AS FUTURE GENERATIONS.

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

**Open To Public  
Inspection**

Name of the organization

MOUNTAIN STATES LEGAL FOUNDATION

Employer identification number  
84-0736725

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations
- b ☒ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☒ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual<br>or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser<br>have custody<br>or control of<br>contributions? |    | (iv) Gross receipts<br>from activity | (v) Amount paid<br>to (or retained by)<br>fundraiser<br>listed in col. (i) | (vi) Amount paid<br>to (or retained by)<br>organization |
|--|---------------|---|----|--------------------------------------|--|---|
|  |               | Yes   | No |                                      |  |   |
| EBERLE AND ASSOCIATES  | FUNDRAISING   |   | X  | 367,460.                             | 265,586.   | 101,874.  |
|  |               |   |    |                                      |  |   |
|  |               |   |    |                                      |  |   |
|  |               |   |    |                                      |  |   |
|  |               |   |    |                                      |  |   |
|  |               |   |    |                                      |  |   |
|  |               |   |    |                                      |  |   |
|  |               |   |    |                                      |  |   |
|  |               |   |    |                                      |  |   |
|  |               |   |    |                                      |  |   |
| <b>Total</b> .....   |               |   |    | 367,460.                             | 265,586.   | 101,874.  |

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AR, CO, FL, IL, KS, KY, ME, MI, MN, MS, MO, NM, NJ, NY, NC, OK, OR, PA, SC, TN, UT, VA, WA, AK, AL  
AZ, CA, CT, MA, MD, NH, OH, LA, WV

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|  | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|--|--------------|--------------|------------------|--|
|  | (event type) | (event type) | (total number)   |  |
| <b>Revenue</b>   |              |              |                  |  |
| 1 Gross receipts .....   |              |              |                  |  |
| 2 Less: Charitable contributions .....                               |              |              |                  |  |
| 3 Gross income (line 1 minus line 2) .....                           |              |              |                  |  |
| <b>Direct Expenses</b>   |              |              |                  |  |
| 4 Cash prizes .....  |              |              |                  |  |
| 5 Noncash prizes .....   |              |              |                  |  |
| 6 Rent/facility costs .....  |              |              |                  |  |
| 7 Food and beverages .....   |              |              |                  |  |
| 8 Entertainment .....  |              |              |                  |  |
| 9 Other direct expenses .....  |              |              |                  |  |
| 10 Direct expense summary. Add lines 4 through 9 in column (d) ..... |              |              |                  | ( )  |
| 11 Net income summary. Combine line 3, column (d), and line 10 ..... |              |              |                  |  |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|   | (a) Bingo   | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col. (a) through col. (c)) |
|---|---|---|---|---|
| <b>Revenue</b>  |   |   |   |   |
| 1 Gross revenue .....   |   |   |   |   |
| <b>Direct Expenses</b>  |   |   |   |   |
| 2 Cash prizes .....   |   |   |   |   |
| 3 Noncash prizes .....  |   |   |   |   |
| 4 Rent/facility costs .....   |   |   |   |   |
| 5 Other direct expenses .....   |   |   |   |   |
| 6 Volunteer labor .....   | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |   |
| 7 Direct expense summary. Add lines 2 through 5 in column (d) .....     |   |   |   | ( )   |
| 8 Net gaming income summary. Combine line 1, column d, and line 7 ..... |   |   |   |   |

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

**MOUNTAIN STATES LEGAL FOUNDATION**

Employer identification number

**84-0736725**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2.** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment from the organization or a related organization?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization?

**b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization?

**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

| (A) Name                | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|-------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
|                         | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |  |
| 1 WILLIAM PERRY PENDLEY | (i)  | 250,000.                            | 0.                                  | 0.   | 32,926.                 | 282,926.                        | 250,000.   |
|                         | (ii)   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.   |
| 2 STEVEN J. LECHNER     | (i)  | 153,462.                            | 0.                                  | 0.   | 18,769.                 | 172,231.                        | 142,500.   |
|                         | (ii)   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.   |
| 3                       | (i)  |                                     |                                     |  |                         |                                 |  |
|                         | (ii)   |                                     |                                     |  |                         |                                 |  |
| 4                       | (i)  |                                     |                                     |  |                         |                                 |  |
|                         | (ii)   |                                     |                                     |  |                         |                                 |  |
| 5                       | (i)  |                                     |                                     |  |                         |                                 |  |
|                         | (ii)   |                                     |                                     |  |                         |                                 |  |
| 6                       | (i)  |                                     |                                     |  |                         |                                 |  |
|                         | (ii)   |                                     |                                     |  |                         |                                 |  |
| 7                       | (i)  |                                     |                                     |  |                         |                                 |  |
|                         | (ii)   |                                     |                                     |  |                         |                                 |  |
| 8                       | (i)  |                                     |                                     |  |                         |                                 |  |
|                         | (ii)   |                                     |                                     |  |                         |                                 |  |
| 9                       | (i)  |                                     |                                     |  |                         |                                 |  |
|                         | (ii)   |                                     |                                     |  |                         |                                 |  |
| 10                      | (i)  |                                     |                                     |  |                         |                                 |  |
|                         | (ii)   |                                     |                                     |  |                         |                                 |  |
| 11                      | (i)  |                                     |                                     |  |                         |                                 |  |
|                         | (ii)   |                                     |                                     |  |                         |                                 |  |
| 12                      | (i)  |                                     |                                     |  |                         |                                 |  |
|                         | (ii)   |                                     |                                     |  |                         |                                 |  |
| 13                      | (i)  |                                     |                                     |  |                         |                                 |  |
|                         | (ii)   |                                     |                                     |  |                         |                                 |  |
| 14                      | (i)  |                                     |                                     |  |                         |                                 |  |
|                         | (ii)   |                                     |                                     |  |                         |                                 |  |
| 15                      | (i)  |                                     |                                     |  |                         |                                 |  |
|                         | (ii)   |                                     |                                     |  |                         |                                 |  |
| 16                      | (i)  |                                     |                                     |  |                         |                                 |  |
|                         | (ii)   |                                     |                                     |  |                         |                                 |  |

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

► **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
► **Attach to Form 990.**

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

**MOUNTAIN STATES LEGAL FOUNDATION**

Employer identification number

**84-0736725**

**Part I Types of Property**

|   | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|---|-------------------------------|---|--|--|
| 1 Art - Works of art  |                               |   |  |  |
| 2 Art - Historical treasures                                    |                               |   |  |  |
| 3 Art - Fractional interests                                    |                               |   |  |  |
| 4 Books and publications  |                               |   |  |  |
| 5 Clothing and household goods                                  |                               |   |  |  |
| 6 Cars and other vehicles                                       |                               |   |  |  |
| 7 Boats and planes  |                               |   |  |  |
| 8 Intellectual property   |                               |   |  |  |
| 9 Securities - Publicly traded                                  | X                             | 2   | 151,483.   | MARKET VALUE   |
| 10 Securities - Closely held stock                              |                               |   |  |  |
| 11 Securities - Partnership, LLC, or<br>trust interests         |                               |   |  |  |
| 12 Securities - Miscellaneous                                   |                               |   |  |  |
| 13 Qualified conservation contribution -<br>Historic structures |                               |   |  |  |
| 14 Qualified conservation contribution - Other                  |                               |   |  |  |
| 15 Real estate - Residential                                    |                               |   |  |  |
| 16 Real estate - Commercial                                     |                               |   |  |  |
| 17 Real estate - Other  |                               |   |  |  |
| 18 Collectibles   |                               |   |  |  |
| 19 Food inventory   |                               |   |  |  |
| 20 Drugs and medical supplies                                   |                               |   |  |  |
| 21 Taxidermy  |                               |   |  |  |
| 22 Historical artifacts   |                               |   |  |  |
| 23 Scientific specimens   |                               |   |  |  |
| 24 Archeological artifacts                                      |                               |   |  |  |
| 25 Other ► ( )  |                               |   |  |  |
| 26 Other ► ( )  |                               |   |  |  |
| 27 Other ► ( )  |                               |   |  |  |
| 28 Other ► ( )  |                               |   |  |  |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

|     | Yes | No |
|-----|-----|----|
| 30a |     | X  |
| 31  |     | X  |
| 32a |     | X  |
| 33  |     |    |

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2010)

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**  
Open to Public  
Inspection

Name of the organization

MOUNTAIN STATES LEGAL FOUNDATION

Employer identification number

84-0736725

FORM 990, PART VI, SECTION A, LINE 6: MOUNTAIN STATES LEGAL FOUNDATION  
HAS MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE  
FOUNDATION'S ACCOUNTANT WHO IS A LICENSED CPA, WITH OVER 32 YEARS OF TAX  
AND ACCOUNTING EXPERIENCE IN PRIVATE PRACTICE AND WITH AN INTERNATIONAL  
ACCOUNTING FIRM. THE FORM 990 IS PREPARED BY THE PUBLIC ACCOUNTING FIRM  
THAT PERFORMS THE AUDIT OF MOUNTAIN STATES LEGAL FOUNDATION AND THE  
INFORMATION PRESENTED ON THE FORM 990 IS BASED ON THE AUDITED BOOKS AND  
RECORDS OF THE FOUNDATION. THE FOUNDATION'S ACCOUNTANT COMPARES THE  
AUDITED FINANCIAL STATEMENTS AND THE FINAL YEAR END RECORDS OF THE  
FOUNDATION WITH THE INFORMATION PRESENTED ON THE FORM 990 AND THEN GIVES  
FINAL APPROVAL FOR THE FORM 990 TO BE FILED AS PREPARED.

FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS, DIRECTORS, TRUSTEES AND  
KEY EMPLOYEES ARE REQUIRED TO SIGN THE MSLF CONFLICT OF INTEREST POLICY  
STATEMENT. THERE IS REGULAR MONITORING OF THIS POLICY TO ASSURE THE  
FOUNDATION THAT THE POLICY IS ENFORCED AND ALL OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES ARE IN COMPLIANCE. APPROVAL OF NEW CONTRACTS  
AND CASES ARE PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL. IF ANY OF  
THE OFFICERS, DIRECTORS, TRUSTEES OR KEY EMPLOYEES ARE IN ANY MANNER  
INVOLVED AS AN INTERESTED PARTY IN THE PROPOSED CONTRACTS OR CASES THEY ARE  
EXCUSED FROM ANY DISCUSSIONS AND ARE NOT ALLOWED TO EXPRESS AN OPINION OR  
VOTE ON THE ACCEPTANCE OR REJECTION OF THE CONTRACT OR CASE UNDER  
CONSIDERATION.



Name of the organization

MOUNTAIN STATES LEGAL FOUNDATION

Employer identification number

84-0736725

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AR, ME, MI, MN, MS, NM, NY, NC, OK, OR, PA, SC, TN, VA, WA, CO, KY, UT, FL, KS, IL, AK, AL, AZ, CA  
CT, MA, MD, MO, NJ, NH, OH, LA, WV

FORM 990, PART VI, SECTION C, LINE 19: MSLF DOES PROVIDE AUDITED FINANCIAL  
STATEMENTS TO REQUESTING PARTIES, AS WELL AS STATES WE ARE REGISTERED IN  
FOR FUNDRAISING PURPOSES.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 157,936.